



Apex

Diagnostics

(A UNIT OF SRI SAI LAKSHMI VENKATESWARA HEALTH CARE LLP)

Sai Nagar, 1st Cross, ANANTHAPURAMU - 515 001. Cell : +91 9030011511, +91 9441422771

Patient Name : C Rushi Keshava Naidu

Patient Id : 231024-052

Reg Date : 24-10-2023

Referred By : Dr. Athma Ram., MS(Ortho). Gender : Male

Age : 21

(Amox)

Amoxicillin 500mg Cap # 21

Sig: 1 cap 3x a day for
seven days.

FeSO₄ tab # 30

Sig: A.D.

Anesthetic Acid # 30
500mg tab

Sig. Once a day



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Referred By : Dr.Athma Ram., MS(Ortho)., Gender : Male Age : 21

MRI LEFT KNEE JOINT (PLAIN)

PROTOCOL: Axial T2 fast spin echo. Sagittal T1 spin echo, proton density fat sat and T2 Coronal PD fat sat, T2 * and T1 spin echo.

Comparative : No prior reports available.

OBSERVATIONS:

Loss of continuity in anterior cruciate ligament fibres with empty lateral femoral intercondylar notch.
- Complete thickness ACL tear.

Loss of continuity in medial collateral ligament fibres.
- Full thickness MCL tear.

Altered signal intensity in lateral collateral ligament near femoral aspect hyper on STIR, hypo on T1.
- Sprain.

Loss of continuity in fibres of medial patellar retinaculum.
- Tear.

Kissing contusions involving the posterior aspect of lateral tibial condyle and anterior aspect of lateral femoral condyle.

Gross knee joint effusion noted with suprapatellar extension.

Knee joint shows normal alignment with normal cortical margins of the femur and tibia.

Posterior cruciate ligament normal in course and caliber.

Medial and lateral menisci are normal in contour and signal intensity.

Patella and patella-femoral joints appear normal.

P.T.O...



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Impression:

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Full thickness MCL tear.

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Gross knee joint effusion noted with suprapatellar extension.

SUGGESTED CLINICAL CORRELATION & FOLLOW-UP.

**Dr. Harshvardhan, MD, FRCR.
Consultant Radiologist.**

Printed by: Harshvardhan
Reviewed by: Dr. Athma Ram
Submitted by: Dr. Athma Ram